

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 23-AUG-2015	TIME 02:00:00	2. ADDRESS OF OCCURRENCE 2452 W BELMONT AVE CHICAGO, IL 60618	3. LOCATION CODE 281	4. BEAT/OCCUR 1921				
	5. POSITION 9122	6. LAST NAME JANTKE	7. FIRST NAME ANTHONY F	8. STAR NO. 019	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 604	12. HT. 280	13. WT.
	14. DATE OF APPT 02-APR-2012	15. EMPLOYEE NO [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 019 1902	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME MOORE	21. FIRST NAME PHILIP	22. M.I. 	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 17-AUG-1993	26. HT. 509	27. WT. 170	
	28. ADDRESS 7030 S EMERALD AVE CHICAGO, IL 60621	29. TELEPHONE NO. 	30. WAS SUBJECT ARMED/FEET <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? ILLINOIS MASONIC MEDICAL CENTER	34. BY WHOM? DR PIFER	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED 720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-3-A-2	37. CB NO. DNA	IR NO. 19174500	DNA DNA		
	PASSIVE RESISTER	ACTIVE REGISTER	ASSAULT:ASSAULT	ASSAULT:BATTERY	ASSAULT:DEADLY FORCE				
	SUBJECT'S ACTIONS	FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____	IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER KICKED NUMEROUS TIMES	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____				
	MEMBER'S RESPONSE	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Slap) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input type="checkbox"/> OTHER _____				
	38. <input type="checkbox"/> DNA	39. <input checked="" type="checkbox"/> DNA	40. ADDITIONAL INFORMATION	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR		
45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE						
49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.					
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED					
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. OTHER (Specify) <input type="checkbox"/> 03 OTHER (Specify)					
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO								
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
70. EVENT NO. 1523417056	71. RD NO. HY393761								
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
73. REPORTING MEMBER (Print Name) JANTKE, ANTHONY F	STAR/EMPLOYEE NO. 110620	SIGNATURE [REDACTED]							
74. REVIEWING SUPERVISOR (Print Name) DE FRANCO, VINCENT P	STAR NO. 1494	SIGNATURE [REDACTED]							
DATE REVIEWED 23-AUG-2015 22:13:28	TIME 23-AUG-2015 22:16:22								
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
LOG# 1076844									
Attachment 6									

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Delayed approval. Offender already bonded out and unavailable for interview.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the available information, Detention Aide Jantke was in compliance with the Department's Use of Force policy. The subject was an assailant and all of Detention Aide Jantke's responses to the subject's actions were within Department guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SKALA, JOSEPH R

SIGNATURE

DATE COMPLETED

TIME

24-AUG-2015 02:00:36

79. TOTAL TRR'S THIS EVENT No

1